DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	15G448	A. BUIL B. WIN				
		B. WING			R 11/17/2011	
NAME OF PROVIDER OR SUPPLIER LOGAN COMMUNITY RESOURCES INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1325 BRENTWOOD CT SOUTH BEND, IN 46628			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULD BE COMP		(X5) COMPLETION DATE
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was a post certification revisit to a fundamental recertification and state licensure survey conducted on September 23, 2011. Date of Survey: November 17, 2011 Facility number: 000962 Provider number: 15G448 AIM number: 100249360 Surveyor: Christine Colon, Medical Surveyor III/QMRP Logan Community Resources Inc. was found to be in compliance with 42 CFR, part 483, subpart I, and 460 IAC 9 in regard to the post certification revisit to the recertification and licensure survey. Quality Review completed 11-29-11 by C. Neary, Program Coordinator.		{W C	000}	DEFICIENCY)		
						(X6) DATE
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.